

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
FLORIDA CORPORATION

AND
FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F74278**

(5)

1. Corporation Name
HERBERT B. HUNTER, JR., INC.

Principal Place of Business	Mailing Address		
% TONY M. KYLE 113 E NOBLE AVE WILLISTON FL 32696	% TONY M. KYLE 113 E NOBLE AVE WILLISTON FL 32696		
2. Principal Place of Business	2a. Mailing Address		
21	26		
State, Apt. #, etc.	State, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Ap	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 3a. Date of Last Report
04/01/1982 **02/18/1994**

4. FEI Number Applied For
59-2214349 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. The Corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
901	PDS	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
929	KYLE, TONY M	4. NAME	
1001	113 E NOBLE AVE	4. STREET ADDRESS	
1011	WILLISTON, FL 00000	4. CITY ST ZIP	
913	T	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYLE, TONY, M	4. NAME	
STREET ADDRESS	113 E NOBLE AVE	4. STREET ADDRESS	
City, St, Zip	WILLISTON FL	4. CITY ST ZIP	
914		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
City, St, Zip		4. CITY ST ZIP	
915		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
City, St, Zip		4. CITY ST ZIP	
916		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
City, St, Zip		4. CITY ST ZIP	
917		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
City, St, Zip		4. CITY ST ZIP	
918		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
City, St, Zip		4. CITY ST ZIP	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 117.05(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and made under oath than any affidavit or declaration of the corporation or the owner or officer compensated to execute this report as required by Chapter 117, Florida Statutes, and that my written signature on Block 12 or Block 13 is changed or attached with an address.

SIGNATURE: Tony M. Kyle
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 4/28/95 8:28:2010

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CP